

1. CIR./DIST./ DIV. CODE EDNY		2. PERSON REPRESENTED Rohan Lyttle		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER 21 MJ 117		4. DIST. DKT./DEF. NUMBER		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (<i>Case Name</i>) USA v. Lyttle et al		8. PAYMENT CATEGORY X Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other	
10. REPRESENTATION TYPE (<i>See Instructions</i>) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 18 USC 1349					
12. ATTORNEY'S NAME (<i>First Name, M.I., Last Name, including any suffix</i>), AND MAILING ADDRESS THOMAS F.X. DUNN 225 Broadway Suite 1515 New York, NY 10007 Telephone Number : 212-941-9940			13. COURT ORDER X <input type="radio"/> Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (<i>See Instructions</i>) <div style="text-align: right;"><i>Cheryl L. Pollak</i></div> _____ Signature of Presiding Judicial Officer or By Order of the Court 1/28/21 1/28/21 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO		
14. NAME AND MAILING ADDRESS OF LAW FIRM (<i>Only provide per instructions</i>)					
CLAIM FOR SERVICES AND EXPENSES					
CATEGORIES (<i>Attach itemization of services with dates</i>)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
15. <div style="display: flex; align-items: center;">In <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;"></div></div> <div style="display: flex;"> <div style="width: 20px;">a.</div> <div>Arraignment and/or Plea</div> </div> <div style="display: flex;"> <div style="width: 20px;">b.</div> <div>Bail and Detention Hearings</div> </div> <div style="display: flex;"> <div style="width: 20px;">c.</div> <div>Motion Hearings</div> </div> <div style="display: flex;"> <div style="width: 20px;">d.</div> <div>Trial</div> </div> <div style="display: flex;"> <div style="width: 20px;">e.</div> <div>Sentencing Hearings</div> </div> <div style="display: flex;"> <div style="width: 20px;">f.</div> <div>Revocation Hearings</div> </div> <div style="display: flex;"> <div style="width: 20px;">g.</div> <div>Appeals Court</div> </div> <div style="display: flex;"> <div style="width: 20px;">h.</div> <div>Other (<i>Specify on additional sheets</i>)</div> </div> <div style="display: flex;"> <div style="width: 20px;"></div> <div>(RATE PER HOUR = \$) TOTALS:</div> </div>					
16. <div style="display: flex; align-items: center;">Out of <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;"></div></div> <div style="display: flex;"> <div style="width: 20px;">a.</div> <div>Interviews and Conferences</div> </div> <div style="display: flex;"> <div style="width: 20px;">b.</div> <div>Obtaining and reviewing records</div> </div> <div style="display: flex;"> <div style="width: 20px;">c.</div> <div>Legal research and brief writing</div> </div> <div style="display: flex;"> <div style="width: 20px;">d.</div> <div>Travel time</div> </div> <div style="display: flex;"> <div style="width: 20px;">e.</div> <div>Investigative and other work (<i>Specify on additional sheets</i>)</div> </div> <div style="display: flex;"> <div style="width: 20px;"></div> <div>(RATE PER HOUR = \$) TOTALS:</div> </div>					
17. Travel Expenses (<i>lodging, parking, meals, mileage, etc.</i>)					
18. Other Expenses (<i>other than expert, transcripts, etc.</i>)					
GRAND TOTALS (CLAIMED AND ADJUSTED):					
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (<i>compensation or anything of value</i>) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE	